2006 Exempt Org. Return prepared for:

P. O. BOX 331024 NASHVILLE, TN 37203

Harrington & Westjohn, CPAs 300 E. Washington Ave. PO Box 6110 Effingham, IL 62401

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

2006

Open to Public Inspection

For the 2006 calendar year, or tax year beginning , 2006, and ending D Employer Identification Number Check if applicable: Plaace use 62-1633242 LOVE IN A BIG WORLD, INC. Address change IRS label or print or type. See P. O. BOX 331024 E Telephone number Name change NASHVILLE, TN 37203 615-242-8242 specific Initial return instruc-Accounting X Cash Final return Amended return Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations. Application pending H (a) Is this a group return for affiliates?.... H (b) if 'Yes,' enter number of affiliates ► G Web site: ► N/A H (c) Are all affiliates included?..... (if 'No,' attach a list. See instructions.) Organization type ► X 501(c) 3 ◀ (insert no.) H (d) Is this a separate return filed by an (check only one) Check here ► if the organization is not a 509(a)(3) supporting organization and its organization covered by a group ruling? gross receipts are normally not more than \$25,000. A return is not required, but if the Group Exemption Number. . . organization chooses to file a return, be sure to file a complete return. Check ► X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12.. ► 170, 869. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) 1 Contributions, gifts, grants, and similar amounts received: 1a a Contributions to donor advised funds..... 27,332 b Direct public support (not included on line 1a) 1 b 134,727. c Indirect public support (not included on line 1a)..... 1c 1d d Government contributions (grants) (not included on line 1a)..... 162,059. e Total (add lines la through 1d) (cash \$ 162,059. noncash \$ 1..... 2 Program service revenue including government fees and contracts (from Part VII, line 93)...... 8,810. 2 3 3 Membership dues and assessments. 4 4 Interest on savings and temporary cash investments..... 5 5 Dividends and interest from securities..... 6a 6a Gross rents..... b Less: rental expenses..... c Net rental income or (loss). Subtract line 6b from line 6a..... 60 7 (A) Securities (B) Other 8a Gross amount from sales of assets other 8a than inventory..... b Less: cost or other basis and sales expenses. 86 8c c Gain or (loss) (attach schedule)..... d Net gain or (loss). Combine line 8c, columns (A) and (B)..... 8d 9 Special events and activities (attach schedule). If any amount is from gaming, check here . . . • a Gross revenue (not including \$ of contributions reported on line 1b)..... b Less: direct expenses other than fundraising expenses..... 9b 90 c Net income or (loss) from special events. Subtract line 9b from line 9a..... c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10 c 11 Other revenue (from Part VII, line 103). 11 170,869. Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11..... 12 12 104,745. Program services (from line 44, column (B)). 13 14 Management and general (from line 44, column (C))..... 65,326. 14 15 Fundraising (from line 44, column (D))..... 4,352. 15 16 Payments to affiliates (attach schedule)..... 16 174,423. 17 Total expenses. Add lines 16 and 44, column (A)..... 17 -3,554.18 18 Excess or (deficit) for the year. Subtract line 17 from line 12..... 19 Net assets or fund balances at beginning of year (from line 73, column (A))..... 566. Other changes in net assets or fund balances (attach explanation). -2,988. Net assets or fund balances at end of year. Combine lines 18, 19, and 20.....

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Part II

D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised			-		
LL a	funds (attach sch)					
	(cash \$			1		
	non-cash \$)					
	If this amount includes foreign grants, check here ▶ □	22 a				
22 b	Other grants and allocations (att sch)					
277.40	(cash \$					
	non-cash \$)					
	If this amount includes foreign grants, check here ▶	22b				
		-				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members	0.4				16250
1000	(attach schedule)	24			ESS, R. O. R. ESW	
25 a	Compensation of current officers, directors, key employees, etc listed in			a.		
	Part V-A (attach sch)	25 a	0.	0.	0.	0.
t	Compensation of former officers,		21	-		£1
	directors, key employees, etc listed in Part V-B (attach sch)	25 b	0.	0.	0.	0.
	: Compensation and other distributions, not					
	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					70
	(attach schedule)	25 c	0.	0.	0.	0,
26	Salaries and wages of employees not included on lines 25a, b, and c	26	59,407.	29,474.	28,124.	1,809.
07						
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on	00				
	lines 25a - 27	28				
29	Payroll taxes	_				
30	Professional fundraising fees	-				
31	Accounting fees	36.741				
32	Legal fees.		12,232.	3,140.	9,092.	
33	Supplies		3,425.	1,185.	2,240.	
34	Telephone		1,193.	502.	264.	427.
35	Postage and shipping Occupancy	36	1,193.	302.	209.	121.
37	Equipment rental and maintenance					
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	4,317.	2,878.	1,439.	
43		-162	1/01/1	2,070.	1,102.	
	SEE STATEMENT 1	43 a	93,849.	67,566.	24,167.	2,116.
	·	43 b				
		43 c				
		43 d				
3		43 e				
1		43 f				
4	J	43 g				
44						
C988A	through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)		174,423.	104,745.	65,326.	4,352.
	t Costs. Check. ► if you are following					
Are	any joint costs from a combined educatio	nal car	npaign and fundraising			
	es,' enter (i) the aggregate amount of the ; (iii) the amount a	se joint	costs \$; (ii) the a	mount allocated to Pro ; and (iv) the	
to Fi	undraising \$	nocate	u to management and g	general 9	, and (iv) tr	e amount anocated
DU F	unununung Y					

Form 990 (2006) LOVE IN A BIG WORLD, INC. Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular	
proapization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefor	e,
please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.	

	e their exemped, etc. Discus empt charital	ourpose? SEE STATEMENT 2 st purpose achievements in a clear and concise manner. State the number of sachievements that are not measurable. (Section 501(c)(3) and (4) organile trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 3			
(Grants and allocations		134,727.) If this amount includes foreign grants, check here	104,745.
b		134, 727.) It this amount includes foreign grains, creek note.	101/145.
(Grants and allocations	\$) If this amount includes foreign grants, check here	
c			8
(Grants and allocations d	\$) If this amount includes foreign grants, check here	
(Grants and allocations	\$) If this amount includes foreign grants, check here	
e Other program services.	***********		
(Grants and allocations	\$) If this amount includes foreign grants, check here	
f Total of Program Service	e Expenses (should equal line 44, column (B), Program services)	104,745.
AA			Form 990 (2006)

Pai	147	here required, attached schedules and amounts within	the description	(A) Beginning of year		(B) End of year
101	CC	lumn should be for end-or-year amounts only.			45	2,849.
	45	Cash — non-interest-bearing	2221222222222222222222222222222222	47.	46	598.
- 1	46	Savings and temporary cash investments		• 1. •	1117	
- 1		N100-7A	47.5			
	47 a	Accounts receivable	4/a		47 c	
	b	Less; allowance for doubtful accounts	47b		\$1355	
) *	48a			
	48 a	Pledges receivable	48b		48 c	
	b	Less: allowance for doubtful accounts			49	
	1000	Grants receivable				
		Receivables from current and former officers, directors employees (attach schedule)			50 a	
	b	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attack	ed under section 4958(f)(1)) n schedule)		50 b	
ASSETS	1	Other notes and loans receivable (attach schedule)				
Ť	h	Less; allowance for doubtful accounts	51 b		51 c	
5	F2 D	Inventories for sale or use			52	54.
	52	Prepaid expenses and deferred charges			53	
	545	Investments — publicly-traded securities	▶ Cost FMV		54a	
	J40	Investments – other securities (attach sch)	Cost FMV		54 b	
	553	Investments – land, buildings, & equipment: basis.	55a		Ball	
	1	Less: accumulated depreciation	Carron		55 c	
		(attach schedule)	55 b		56	
	56	Investments - other (attach schedule)	57a 26,942.		TELES.	
		Land, buildings, and equipment: basis	5/a 20,342.			
	b	(dittion someone)	57b 24,813.	6,446.	57 c	2,129.
	58	Other assets, including program-related investments				4
		(describe ► SEE STATEMENT 5)	10 550	58	1.
	59	Total assets (must equal line 74). Add lines 45 through	gh 58			5,631.
	60	Accounts payable and accrued expenses			- 2	8,619.
	61	Grants payable			61	
L	62	Deferred revenue			62	
L A B	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
Ļ	64 2	Tax-exempt bond liabilities (attach schedule)			64 a	
THES		Mortgages and other notes payable (attach schedule)			64b	
E	65	Carron Commencer to the commencer of the carron of the car			65	
	66	Total liabilities. Add lines 60 through 65		9,993.	66	8,619.
-		anizations that follow SFAS 117, check here >				
P		through 69 and lines 73 and 74.	018-018-00-10-00-00-00-00-00-00-00-00-00-00-00-		100	
	67	Unrestricted			67	
ANOTH S	68	Temporarily restricted			68	
Ē	69	Permanently restricted			69	
		anizations that do not follow SFAS 117, check here				
R	8	70 through 74.	11 1-1 1		3	
ű	70	Capital stock, trust principal, or current funds			70	
Ď	71	Paid-in or capital surplus, or land, building, and equi			71	
HUND BALANCHS	72	Retained earnings, endowment, accumulated income			. 72	-2,988
AN	72					
E	/3	Total net assets or fund balances. Add lines 67 throi 72. (Column (A) must equal line 19 and column (B)	nust equal line 21)	566		-2,988.
5	74	Total liabilities and net assets/fund balances. Add li			. 74	5,631.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.) Total revenue, gains, and other support per audited financial statements..... 170,869. Amounts included on line a but not on Part I, line 12: b1 1 Net unrealized gains on investments..... 2Donated services and use of facilities. b2 3Recoveries of prior year grants..... Add lines b1 through b4 170,869. C Subtract line b from line a Amounts included on Part I, line 12, but not on line a: 1 Investment expenses not included on Part I, line 6b..... d1 2Other (specify): ______ Add lines d1 and d2 170,869. Total revenue (Part I, line 12). Add lines c and d Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return 174,423. Total expenses and losses per audited financial statements..... Amounts included on line a but not on Part I, line 17: 1Donated services and use of facilities..... 2Prior year adjustments reported on Part I, line 20..... **b**3 3Losses reported on Part I, line 20. 40ther (specify): _______ 64 ______ Add lines b1 through b4 174,423. Subtract line b from line a Amounts included on Part I, line 17, but not on line a: 1 Investment expenses not included on Part I, line 6b..... Add lines d1 and d2... 174,423. Total expenses (Part I, line 17). Add lines c and d . Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.) (C) Compensation (if not paid, (B) Title and average hours (D) Contributions to (E) Expense per week devoted employee benefit account and other (A) Name and address to position enter -0-) plans and deferred allowances compensation plans 0 0 0. SEE STATEMENT 6 TEEA0105L 01/18/07 BAA Form 990 (2006)

Form 990 (2006) LOVE IN A BIG WORLD,			62-16332	.42	P	age 6
Part V-A Current Officers, Directors, Tru	stees, and Key En	nployees (continue	d)		Yes	No
75 a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizat	ion business as board meeting	ps. ► 8			
b Are any officers, directors, trustees, or key em- listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	nsated professional and nah family or business	d other independent cor	ntractors listed in Schedu	ees ile 75 b		X
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the compensation.	ployees listed in form s resated professional and	d other independent cor	ntractors listed in Schedu Lor taxable, that are relat	ie ee		X
If 'Yes,' attach a statement that includes the in	nformation described in	the instructions.		USUN		
d Does the organization have a written conflict of				75 d	X	
Part V-B Former Officers, Directors, True Benefits (If any former officer, directe during the year, list that person below a the instructions.)	or trustee or key emp	loyee received compen- of compensation or othe	sation or other benefits (or benefits in the appropr	described l iate colum	below) in. See	е
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allowa		her
NONE	=					
Part VI Other Information (See the instr	nations \					
Part VI Other Information (See the insti	uctions.)			District	Yes	No
76 Did the organization make a change in its activity of the state of	vities or methods of co	nducting activities?		7	1.3	
If 'Yes,' attach a detailed statement of each ch	American Commence of the American Commence of			2.7.2.2		X
77 Were any changes made in the organizing or of If 'Yes,' attach a conformed copy of the change		ut not reported to the II	701	77	1706112	X
			alected from the re-	70		
78 a Did the organization have unrelated business of b If 'Yes,' has it filed a tax return on Form 990-T	for this year?	or more during the yea	ar covered by this return?		22	X
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra			78b	N/	A X
80 a Is the organization related (other than by asso- membership, governing bodies, trustees, office	ciation with a statewide ers, etc, to any other ex	or nationwide organiza cempt or nonexempt org	ation) through common ganization?	228		X
b If 'Yes,' enter the name of the organization ▶					SHA	inv
81 a Enter direct and indirect political expenditures.	and ch (See line 81 instruction	eck whether it is ex	kempt or nonexemp	pt.		
b Did the organization file Form 1120-POL for the	s year?			81 ь		X
BAA				Form	990 (

BAA

Financial Accounts.

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2006

OMB No: 1545-0047

Department of the Treasury Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization		Employer identification number			
LOVE IN A BIG WORLD, INC.	62-1633242				
Part I Compensation of the Five Hi (See instructions. List each of			, Directors, and	d Trustees	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances	
NONE					
	-				
Total number of other employees paid					
over \$50,000 Part II — A Compensation of the Five Hi		ontractors for Pr	ofessional Sen	ices	
(See instructions. List each o					
(a) Name and address of each independent con-	tractor paid more than \$50,000	(b) Type (of service	(c) Compensation	
NONE		-			
				·	
		3			
		-			
		-			
			=		
Total number of others receiving over \$50,000 for professional services					
Part II — B Compensation of the Five Hi (List each contractor who per firms. If there are none, enter	formed services other than			ndividuals or	
(a) Name and address of each independent cont	ractor paid more than \$50,000	(b) Type (of service	(c) Compensation	
NONE					
		-			
		-			
Total number of other contractors receiving over \$50,000 for other services	(

LOVE IN A BIG WORLD, INC.

62-1633242

Page 2

Schedule A (Form 990 or 990-EZ) 2006

Par	t IV Reason for Non-Private I	Foundation Status (S	See instructions.)							
cert	ify that the organization is not a private	foundation because it is:	(Please check only ONE ap	plicable box	(.)					
5	A church, convention of churches, of	or association of churches	. Section 170(b)(1)(A)(i).							
6	6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)									
7	7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).									
8	8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).									
9	A medical research organization operand state	erated in conjunction with	a hospital. Section 170(b)	(1)(A)(iii). E	nter the hosp	ital's name, city,				
10	An organization operated for the be (Also complete the Support Schedu	nefit of a college or unive ule in Part IV-A.)	rsity owned or operated by	a governme	ental unit. Sed	ction 170(b)(1)(A)(iv).				
11 a	An organization that normally received Section 170(b)(1)(A)(vi). (Also compared to the compare	ves a substantial part of it plete the Support Schedu	s support from a governme le in Part IV-A.)	ental unit or	from the gene	eral public.				
11 b	A community trust. Section 170(b)(1	I)(A)(vi). (Also complete t	he Support Schedule in Pa	art (V-A.)						
12	An organization that normally receive from activities related to its charitate from gross investment income and organization after June 30, 1975. See	ves: (1) more than 33-1/39 ble, etc, functions — subje unrelated business taxable se section 509(a)(2). (Also	% of its support from contri ct to certain exceptions, ar e income (less section 511 o complete the Support Sc	butions, mend (2) no mo tax) from b hedule in P	mbership fees ore than 33-1/3 usinesses acc art IV-A.)	, and gross receipts 3% of its support juired by the				
13	An organization that is not controlle requirements of section 509(a)(3).	d by any disqualified pers Check the box that describ	sons (other than foundation ses the type of supporting of	managers) organization	and otherwise	e meets the				
	Type I Type II		onally Integrated rout the supported organiz	Type III						
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c)	Is the su organization the sup organiz gove docun	d) ipported on listed in porting ration's rning nents?	(e) Amount of support				
-				Yes	No					
-										
Total				********		0.				
14	An organization organized and oper	ated to test for public safe	ely. Section 509(a)(4). (Se	e instruction	5.)					
BAA						990 or 990-EZ) 2006				

Schedule A (Form 990 or 990-EZ) 2006 LOVE IN A BIG WORLD, INC. 62-1633242 Page 4 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in)..... Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 127,713. 72,911. 57,535. 258, 159. 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 18,743. 19,479. 91,054. 52,832. charitable, etc, purpose..... Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organ-6 15,021. 60,029 75,056. ization after June 30, 1975. Net income from unrelated business 0. activities not included in line 18. ... Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0. the public without charge Other income, Attach a schedule. Do not include gain or (loss) from sale of 0. capital assets. 146,462. 107,411. 170,396. 424,269. Total of lines 15 through 22 87.932. 333,215 127,719. 117,564. 24 Line 23 minus line 17....... 1,704. 1,074. 1,465. Enter 1% of line 23..... a Enter 2% of amount in column (e), line 24 N/A . . . Organizations described on lines 10 or 11: b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... 26 b c Total support for section 509(a)(1) test: Enter line 24, column (e)..... 26 c 19 d Add: Amounts from column (e) for lines: 26 d 26 e e Public support (line 26c minus line 26d total). f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: 0. (2004) _____0. (2003) _____0. (2002) ____ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: 0. (2004) 0 _ (2003) 258,159. c Add: Amounts from column (e) for lines: 15 349,213. 91,054. 20 27 c 27 d 0. and line 27b total d Add: Line 27a total 349,213 27 e e Public support (line 27c total minus line 27d total)..... f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)... ▶ 27f

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).

27 g

27h

82.31 %

17.69 %

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	% .	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			1 3 DU
	Does the organization maintain the following:	110	SL.	
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		No.	
	Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?	33 a		
	b Admissions policies?	33b		
		33 c		
	c Employment of faculty or administrative staff?			
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h	#	
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	星星	M	
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
		34 b		
	b Has the organization's right to such aid ever been revoked or suspended?. If you answered 'Yes' to either 34a or b, please explain using an attached statement.	540	**	200 ES
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

	edule A (Form 990 or 99						62-16	33242	ė	Page (
Par	TVI-A Lobbying E	xpenditures by Ele ted ONLY by an eligible	cting Public Char organization that filed	ities (See instru Form 5768)	ctions.)			N/	'A	
Che	ck ➤ a if the organ	ization belongs to an aff	iliated group. Check	k ► b if you	u checke	d 'a' and '	limited co	ontrol' pi	rovisions a	pply.
		Limits on Lobbying		WG		Affiliate	a) ed group als	To	(b) be compl for all elect	eted
	11-000-10001	n 'expenditures' means a	POPULATION AND POPULATION						organizatio	
36		tures to influence public	A P. L. Control of the Control of th	The state of the s	. 36					
37		tures to influence a legis	And the second s	The state of the s						
38	THE PARTY OF THE P	tures (add lines 36 and 3	The state of the s							
39		expenditures								
40		expenditures (add lines :			40		CHESTING	SE SES		elimen.
41	If the amount on line 4	mount. Enter the amoun						4 12		
			lobbying nontaxable a							
		20%								-William
		\$1,000,000 \$100,0 \$1,500,000 \$175,0	man and an experience of the second	STATE OF THE PROPERTY OF THE PARTY OF THE PA	21	18 10			15 5	23
		\$17,000,000 \$225,0			41	tare and	THE STATE OF			2017
		\$17,000,000\$223,0		5.855 2.		3 (I) (S				
42		amount (enter 25% of li	17.		42				100000	
43		ne 36. Enter -0- if line 4						3		
44		ne 38. Enter -0- if line 4			44					
West /		amount on either line 43								Was .
	(Some organ	izations that made a sec	e the instructions for li	o not have to co nes 45 through 5	mplete a i0.)	If of the fi		ns below	V 2	
			Lobbying Expen	ditures During 4	-Year Av	eraging F	Period			
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004			d) 03		(e) Total	
45	Lobbying nontaxable amount							NE SAN		
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable amount	EVA SE REBUNES	De como la			a time a fee	- 00 k			
49	Grassroots ceiling amount (150% of line 48(e))									
	Grassroots lobbying expenditures		B 11 01 11							
	1967 1997 13 1800 1 000 1000 1000	only by organizations tha	at did not complete Pa	rt VI-A) (See ins				N/	A	
Durii atter	ng the year, did the orga npt to influence public o	nization attempt to influe pinion on a legislative m	ence national, state or atter or referendum, t	local legislation, prough the use o	, includin f:	g any	Yes N	0	Amount	
	Volunteers									
	Paid staff or manageme						_			
	: Media advertisements .									
	Mailings to members, le									
	Publications, or publish					- 1				
	Grants to other organize Direct contact with legis							-		
	Direct contact with legis Rallies, demonstrations									
	risance, acribitations	i serim and deriveridend	[The second second						

i Total lobbying expenditures (add lines c through h.)..... If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Page 7

	VII Information Regarding T Exempt Organizations (S	ransfers To and Transa		hips With Noncharitable
51	Did the reporting organization directly	or indirectly engage in any	of the following with any ot	her organization described in section !

51 Did the	reporting organization	directly or in	ndirectly engage in any of the following	ng with any other organization describ- ting to political organizations?	ed in secti	on 50	1(c)
			to a noncharitable exempt organization		Ĭ.	Yes	No
					51 a (i)	102	X
				. 2002 (1000 1000 1000 1000 1000 1000 100	a (ii)		X
	transactions:						
(i)Sa	les or exchanges of ass	ets with a n	oncharitable exempt organization	Carlor (0.000)	b (i)		X
(ii)Pu	rchases of assets from	a noncharita	able exempt organization		b (ii)		X
(iii)Re	ntal of facilities, equipm	ent, or othe	r assets	a renerencia (a) a la la comenza ante en en en en al papa la parte en en al al apertante de la comencia del comencia de la comencia del comencia de la comencia del la comencia de la comencia del la comencia de la com	b (iii)		X
							X
							X
(vi)Pe	rformance of services o	r membersh	ip or fundraising solicitations		b (vi)		X
c Sharin	g of facilities, equipmen	t, mailing lis	sts, other assets, or paid employees.	********	С		X
d If the a the god any tra	answer to any of the abo ods, other assets, or ser ansaction or sharing arra	ove is 'Yes,' rvices given angement, s	complete the following schedule. Co by the reporting organization. If the how in column (d) the value of the sc	lumn (b) should always show the fair r organization received less than fair ma pods, other assets, or services receive	narket val irket value d:	ue of	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			s
N/A		- 2					
							-
	organization directly or i led in section 501(c) of complete the following		iliated with, or related to, one or mor ther than section 501(c)(3)) or in sec	e tax-exempt organizations tion 527?	► ☐ Ye	s X	No
	(a)		(b)	(c)	-14-14-5		
	Name of organization		Type of organization	Description of relation	iship		
N/A							
							- 4
						-	
							_

0	n	n	-
/	u	u	n
-	J	v	v

FEDERAL STATEMENTS

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LOVE IN A BIG WORLD, INC.

62-1633242

STATEMENT 1 FORM 990, PART II, LINE 43 OTHER EXPENSES

*	_	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CCF DISBURSEMENTS FUNDRAISER INSURANCE		33,673. 1,500. 1,305.	17,820.	15,353. 1,305.	500. 1,500.
IYD DISBURSEMENTS OTHER OTHER PROGRAM EXPENSE		5,544. 4,790. 30,847.	5,328. 153. 30,176.	216. 4,581. 671.	56.
PERFORMERS PROFESSIONAL FEES PROGRAM DEVELOPMENT VEHICLE		7,427. 1,842. 2,257. 4,664.	7,427. 2,197. 4,465.	1,842. 199.	60.
VERTOER	TOTAL \$	93,849.	\$ 67,566.	\$ 24,167.	\$ 2,116.

STATEMENT 2 FORM 990 , PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

UTILIZING THE FINE ARTS AND MEDIA, LOVE IN A BIG WORLD BRINGS A MESSAGE OF HOPE AND HEALING TO CHILDREN IN GRADES K-8 AND PROVIDES CHARACTER EDUCATION RESOURCES FOR FAMILIES, SCHOOLS, AND OTHER ORGANIZATIONS.

STATEMENT 3 FORM 990, PART III, LINE A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
SCHOOL ZONE ASSEMBLY PROGRAMS DEVELOP POSITIVE CHARACTER TRAITS IN CHILDREN IN MIDDLE TENNESSEE, PENNSYLVANIA, OHIO, MICHIGAN, AND FLORIDA UTILIZING MUSICAL AND MOTIVATIONAL PROGRAMS IN PUBLIC AND PRIVATE SCHOOLS. INCLUDES FOREIGN GRANTS: NO	134,727.	83,796.
THROUGHOUT THE YEAR, LOVE IN A BIG WORLD ISSUED NEWSLETTERS FOR CHILDREN AS WELL AS ADULTS AND PROVIDED SCHOOL KIT MATERIALS TO ALL SCHOOLS VISITED. SCHOOL KITS INCLUDE FOLLOW-UP SHEETS, TRAIT CARDS, STICKERS, POSTERS, BOOKMARKS, MUSIC, CIRRICULUM, AND SCHOOL ANNOUNCEMENT SCRIPTS AND MATERIALS.		20,949.
INCLUDES FOREIGN GRANTS: NO	\$ 134,727.	\$ 104,745.

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LOVE IN A BIG WORLD, INC.

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STATEMENT 4 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	 BASIS	 ACCUM. DEPREC.	 BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT MACHINERY AND EQUIPMENT	\$ 19,514. 7,428.	\$ 18,214. 6,599.	\$ 1,300. 829.
TOTAL	\$ 26,942.	\$ 24,813.	\$ 2,129.

STATEMENT 5 FORM 990, PART IV, LINE 58 OTHER ASSETS

ROUNDING

TOTAL \$ 1.

STATEMENT 6 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	_	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
WILLIAM BELLETT, PHD. 6689 CLEARBROOK DRIVE NASHVILLE, TN 37205	CHAIRMAN 0	\$	0.	\$ 0.	\$ 0.
MR. C. THOMAS HARRINGTON 2975 ARMORY DRIVE NASHVILLE, TN 37204	DIRECTOR 0		0.	0.	0.
MR. GENE NACEY 1140 COPELAND ROAD LEECHBURG, PA 15656	DIRECTOR 0		0.	0.	0.
LARITA CAIRO 112 CHARLES E. DAVIS NASHVILLE, TN 37210	DIRECTOR 0		0.	0.	0.
NAOMI GILMORE 103 HAMLET DRIVE FRANKLIN, TN 37064	DIRECTOR 0		0.	0.	0.
MR. GEORGE FYKE 2407 MARBURY ROAD PITTSBURG, PA 15221	SECRETARY 0		0.	0.	0.
MR. ANDY VALENTINE 1016 MURRAY LANE BRENTWOOD, TN 37027	DIRECTOR 0		0,.	0.	0.

2006

FEDERAL STATEMENTS

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LOVE IN A BIG WORLD, INC.

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STATEMENT 6 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION		CONTRI- BUTION TO EBP & DO		EXPENSE ACCOUNT/ OTHER
MS. ANN HATCHER 1 PARK PLAZA, BUILDING I NASHVIILE, TN 37203	DIRECTOR 0	\$	0.	\$ 0	. 1	\$ 0.
	TOTAL	\$	0.	\$ 0		\$ 0.

2006 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY						
LOVE IN A BIG WORLD, INC.						
REVENUE		2006	2005	DIFF		
CONTRIBU	TIONS, GIFTS, AND GRANTS SERVICE REVENUE ON SAVINGS/TEMP CASH INVEST VENUE	162,059 8,810 0 0	169,511 20,319 9 487	-7,452 -11,509 -9 -487		
TOTAL RE	VENUE	170,869	190,326	-19,457		
EXPENSES PROGRAM MANAGEME FUNDRAIS	NT AND GENERAL	104,745 65,326 4,352	82,721 93,030 31,213	22,024 -27,704 -26,861		
TOTAL EX	PENSES	174,423	206,964	-32,541		
EXCESS O	S OR FUND BALANCES R (DEFICIT) FOR THE YEAR TS/FUND BAL. AT BEG. OF YEAR TS/FUND BAL. AT END OF YEAR	-3,554 566 -2,988	-16,638 17,204 566	13,084 -16,638 -3,554		

2006

GENERAL INFORMATION

PAGE 1

LOVE IN A BIG WORLD, INC.

62-1633242

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A

CARRYOVERS TO 2007

NONE

Form **8868** (Rev December 2006)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

If you are	filing for an Automatic 3-Month	Extension, complete only Part I and check this box	**************	4545454545454545454545454	► 🛛	
		matic) 3-Month Extension, complete only Part II (on pa				
Do not comp	olete Part II unless you have alrea	dy been granted an automatic 3-month extension on a	previously fi	iled Form 8868.		
Part I	Automatic 3-Month Extens	ion of Time. Only submit original (no copies i	needed).			
Section 501 (Part I only	c)(3) corporations required to file	Form 990-T and requesting an automatic 6-month exter			omplete	
All other corp		partnerships, REMICS, and trusts must use Form 700	4 to request	an extension of t	ime to file	
returns noted electronically composite or	t below (6 months for section 501 if (1) you want the additional (no consolidated Form 990-T. Instead, y	ectronically file Form 8868 if you want a 3-month auton (c)(3) corporations required to file Form 990-T). However a automatic) 3-month extension or (2) you file Forms 95 ou must submit the fully completed and signed page 2 (Partirs.gov/efile and click on e-file for Charities & Nonprofits.	er, you cann 90-BL, 6069 t II) of Form 8	ot file Form 8868 or 8870, group re	eturns, or a	
	Name of Exempt Organization			Employer identification	n number	
Type or						
print File by the	LOVE IN A BIG WORLD,	INC.		62-1633242		
due date for	Number, street, and room or suite number.	If a P.O. box, see instructions.				
filing your return. See	P. O. BOX 331024	K.				
instructions.	City, town or post office. For a foreign addr	ess, see instructions.		state ZIP cod	ie	
	NASHVILLE, TN 37203					
Check type of	of return to be filed (file a separat	e application for each return):				
Form 990		Form 990-T (corporation)	Form 472	0		
Form 990	-	Form 990-T (section 401(a) or 408(a) trust)	Form 522			
X Form 990		Form 990-T (trust other than above)	Form 606			
Form 990	A Company of	Form 1041-A	Form 887			
Telephone If the org If this is to check this the exten I I reque until The ext	for a Group Return, enter the organisms box. If it is for part of the initial content is an automatic 3-month (6 month 8/15, 2007, to file the initial content is for the organization's recalled an automatic 3-month (6 month 8/15, 2007, to file the organization's recalled and a second and automatic 3-month (6 month 8/15, 2007, to file the organization's recalled and automatic 3-month (6 month 8/15, 2007, to file the organization's recalled and automatic 3-month (6 month 8/15, 2007, to file the organization's recalled and automatic 3-month (6 month 8/15, 2007, to file the organization's recalled and automatic 3-month (6 month 8/15, 2007, to file the organization's recalled and automatic 3-month (6 month 8/15, 2007, to file the organization's recalled and automatic 3-month (6 month 8/15, 2007, to file the organization's recalled and automatic 3-month (6 month 8/15, 2007, to file the organization's recalled and automatic 3-month (6 month 8/15, 2007, to file the organization's recalled and automatic 3-month (6 month 8/15).	FAX No. ► 615-242-3230 or place of business in the United States, check this bound in the group for a section 501(c)(3) corporation required to file Found the exempt organization return for the organization name turn for:	If the names at rm 990-T) e ned above.	this is for the who nd EINs of all me	ole group, mbers	
		0-PF, 990-T, 4720, or 6069, enter the tentative tax, less		3a \$	0.	
b If this a made.	application is for Form 990-PF or finclude any prior year overpayme	990-T, enter any refundable credits and estimated tax p nt allowed as a credit.	ayments	3ь\$	0.	
deposit	with FTD coupon or, if required,	Ba. Include your payment with this form, or, if required, by using EFTPS (Electronic Federal Tax Payment Syste	em).	3c \$	0.	
Caution, If yo payment inst	ou are going to make an electroni ructions.	c fund withdrawal with this Form 8868, see Form 8453-	EO and For	m 8879-EO for		
BAA For Pri	vacy Act and Paperwork Reducti	on Act Notice, see instructions.		Form 8868 ((Rev 12-2006)	